

POSITION	INITIALS	ID NO.	DATE
	R H		3/19
FEES DETERMINATION	M:TM	52	05-14-01
O.I.P.E. CLASSIFIER	MM	920	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Rejected  
 = ..... Allowed I ..... Rejected  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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